

HPRD NUMBER

The OSHB conducts an annual survey of registered laboratories to review practices and procedures associated with this work. The survey is not intended to negate the responsibilities of the PI in supervising work with potentially infectious or hazardous materials. For help call OSHB 496-2346.

(FRONT)

HPRD NUMBER

List animals used in this laboratory	What live organism, toxin, and/or recombinant material is injected	Specify routes of administration							Building	Room
		SC	IM	IP	IV	IC	Aerosol	Other		

Animal Study Proposal Number

Have laboratory personnel attended a course on "Using Animals in Intramural Research?" ☐ No ☐ Yes

(Use continuation sheet as necessary)

"If no, call your ICD Veterinarian for information about animal care and use requirements.

Type(s) of animal tissue handled

I accept responsibility for the safe use of all potentially infectious organisms at Biosafety Level _____ and have informed all personnel of the risks of exposures while working with these organisms and/or toxins.

Principal Investigator (signature)

Date

PART C To be completed by PI when laboratory procedures involve the handling of human blood, body fluids, and/or tissues.

Type(s) of human samples manipulated: ☐ Blood ☐ Urine ☐ Spinal Fluid ☐ Tissues ☐ Serum ☐ Feces ☐ Semen
☐ Other(s)

Type(s) of manipulations: ☐ Centrifugation ☐ Blending/Mixing ☐ Dissection ☐ Sonication ☐ Pipetting
☐ Other(s)

I accept responsibility for the safe use of human blood, body fluids, and/or tissues using Biosafety Level 2 practices and procedures. All personnel have been informed of potential risks, proper laboratory practices, and have attended "Working Safely with HIV and Other Bloodborne Pathogens".

Principal Investigator (signature)

Date

PART D To be completed by the NIH Institutional Biosafety Committee and the Occupational Safety and Health Branch.

Reviewer's comments:

Parts A and B of this document were reviewed by the NIH Institutional Biosafety Committee and/or their designee

on _____ work can proceed in a BL _____ facility using BL _____ practices and procedures. Animals
Date
will be handled at ABL _____

Chair, NIH Institutional Biosafety Committee

this laboratory was certified at Biosafety Level _____.

Date

Occupational Safety & Health Specialist/Industrial Hygienist

On _____ this animal facility was certified at Animal Biosafety Level _____. On
Date

Occupational Safety & Health Specialist/Industrial Hygienist

PART E To be completed by OSHB upon notification that work in this laboratory is terminated

The date this document was inactivated: _____.

Occupational Safety & Health Specialist/Industrial Hygienist